



**OVERSIGHT COMMITTEE FOR DRUG CLEARING OF CONTROLLED FACILITIES
FOR PERSONS DEPRIVED OF LIBERTY**

MEMORANDUM

FOR : **HEAD OF CONTROLLED FACILITY**
Position
Complete Name of Jail/Prison Facility

FROM : **NAME OF RD/ARD, PDEA RO**
Chairman, Oversight Committee

SUBJECT : **REVOCAION OF DECLARATION AS DRUG-CLEARED/FREE CONTROLLED FACILITY**

DATE : **DAY/MONTH/YEAR**

1. References:

- a. Oversight Committee Resolution No. ____ dated _____;
- b. Oversight Committee Deliberation Meeting for Revocation held on (Date of Meeting); and
- c. Section 15 of Dangerous Drugs Board Regulation No. 2, Series of 2020;

2. The Resolution declaring **(COMPLETE NAME OF JAIL FACILITY)** as a **DRUG-CLEARED / DRUG-FREE CONTROLLED FACILITY** is hereby revoked effective (date of issuance of Memorandum) for failure to comply with the parameters set forth in Dangerous Drugs Board Regulation No. 2, Series of 2020.

3. To this effect, the concerned controlled facility shall be subjected to the conduct of drug clearing operations effective immediately.

4. For information and appropriate action.